

DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input checked="" type="checkbox"/> Declaration Submitted with Initial Filing <input type="checkbox"/> Declaration Submitted after Initial Filing	Attorney Docket Number	TSRI 651.6
	First Named Inventor	David A. CHERESH
	COMPLETE IF KNOWN	
	Application Number	
	Filing Date	May 18, 2005
	Group Art Unit	
	Examiner Name	

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first, and sole inventor (if only one name is listed) or an original, first, and joint inventor (if more than one name is listed) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHOD OF TREATMENT OF MYOCARDIAL INFARCTION

the specification of which:

☐ is attached hereto;

☒ was filed on November 18, 2003 as United States Application Number or PCT International Application Number PCT/US03/37653.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the patentability of this application, as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO
PCT/US03/37653	PCT	11/18/2003	<input type="checkbox"/>	<input type="checkbox"/> <input checked="" type="checkbox"/>

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60/087,220	05/29/1998	

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U.S. Parent Application or PCT Parent Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)
10/298,377 09/538,248 09/470,881 PCT/US99/11780	11/18/2002 03/29/2000 12/22/1999 05/28/1999	6,685,938

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Dolores T. Kenney	31,269	Talivaldis Cepuritis	20,818
Seymour Rothstein	19,369	Daniel J. Deneufbourg	33,675
Joseph M. Kuo	38,943	Martin J. Corn	35,847
David A. Gottardo	46,736	Robert J. Ross	45,058
John W. Klooster	18,953		

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Direct all correspondence to: ☐ Customer Number _____ or ☒ Correspondence address below

Name **Talivaldis CEPURITIS
OLSON & HIERL, LTD.**

Address **20 North Wacker Drive, 36th Floor**

City	Chicago	State	IL	ZIP	60606
Country	US	Telephone	(312) 580-1180	Fax	(312) 580-1189

I hereby declare that all statement made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements are made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:

☐ A petition has been filed for this unsigned inventor

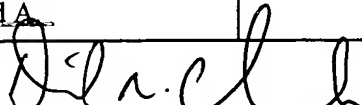
Given Name (first and middle, if any)

Family Name or Surname

David A.

CHERESH

Inventor's
signature



Date: 3/8/04

Residence

City Encinitas CA

State CA

Country US

Citizenship US

Post Office Address

3277 Lone Hill Lane

City
Encinitas

State
CA

ZIP
92024

Country
US

☒ Additional inventors are being named on the 1 supplemental Additional Inventor(s) Sheet(s) attached hereto

DECLARATION		ADDITIONAL INVENTOR(S) Supplemental Sheet Page 1 of 1		
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle, if any)		Family Name or Surname		
Robert		PAUL		
Inventor's signature				Date:
Residence	City Munich	State	Country Germany	Citizenship Germany
Post Office Address	Bruderhofstr.9			
	City Munich	State	ZIP D-81371	Country Germany
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor		
Given Name (first and middle, if any)		Family Name or Surname		
Brian		ELICEIRI		
Inventor's signature				Date:
Residence	City Carlsbad	State CA	Country US	Citizenship US
Post Office Address	2933 Via Ipanema			
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10/535325

Rec'd PCT/PTO 18 MAY 2003

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Country	US	Telephone	(312) 580-1180	Fax	(312) 580-1189

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Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name (first and middle, if any)		Family Name or Surname			
David A.		CHERESH			
Inventor's signature				Date:	
Residence	City Encinitas	State CA	Country US	Citizenship US	
Post Office Address	3277 Lone Hill Lane				
	City Encinitas	State CA	ZIP 92024	Country US	
<input checked="" type="checkbox"/> Additional inventors are being named on the <u>1</u> supplemental Additional Inventor(s) Sheet(s) attached hereto					

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Given Name (first and middle, if any)		Family Name or Surname		
Robert		PAUL		
Inventor's signature			Date: 03/09/04	
Residence	City Munich	State	Country Germany	Citizenship Germany
Post Office Address	Bruderhofstr.9			
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Inventor's signature			Date:	
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Inventor's
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